

App. No.: 10/632,676

Doc. No.: D02993

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

App. No.: 10/632,676

Confirmation No.: 2698

Inventors: Gerald Johnson

Filing Date: August 1, 2003

Title: Method and Apparatus for Integrating Non-IP Traffic on a Home Network

Examiner: Taylor, Nicholas R.

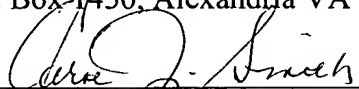
Art Unit: 2141

Atty. Doc. #: D02993

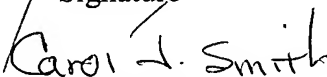
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9/1/2006  
Date

  
\_\_\_\_\_  
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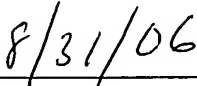
Enclosed is a form PTO/SB/08A listing one European Patent Application. Since this IDS is being submitted after a First Office Action, but before a Final Office Action or Notice of Allowance, the appropriate fees are submitted herewith in accordance with 37 C.F.R. 1.97(c)(2). Please charge any deficiencies and credit any overpayments to deposit account no. 502117.

Please consider this reference prior to the issuance of the First Office Action and return the enclosed form with the appropriate initials and signature of the examiner.

Respectfully submitted,

Gerald Johnson

  
\_\_\_\_\_  
Benjamin D. Driscoll  
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\_\_\_\_\_  
Date



Sheet	1	of	1
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Application Number	10/632,676
Filing Date	August 1, 2003
First Named Inventor	Gerald Johnson
Group Art Unit	2141
Examiner Name	Taylor, Nicholas R.
Attorney Docket Number	D02993

[illegible][illegible]Date  
Considered

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3PW

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/632,676
	Filing Date	August 1, 2003
	First Named Inventor	Gerald Johnson
	Group Art Unit	2141
	Examiner Name	Taylor, Nicholas R
Total Number of Pages in this Submission	Attorney Docket Number	D02993

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Benjamin D. Driscoll	Registration No.	41,571
Signature	<i>Ben D. Driscoll</i>		
Date	8/31/06		

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	<i>Coral J. Smith</i>
Signature	<i>Coral J. Smith</i>
Date	9/1/2006

Effective on 12/08/2004		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)			
FEE TRANSMITTAL For FY 2005			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$ 180)		Application Number 10/632,676	
METHOD OF PAYMENT (check all that apply)		Filing Date August 1, 2003	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):		First Named Inventor Gerald Johnson	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC.		Examiner Name Taylor, Nicholas R.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)		Group Art Unit 2141	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		Attorney Docket No. D02993	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments			
under 37 CFR 1.16 and 1.17			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
FILING FEES		SEARCH FEES	
EXAMINATION FEES			
Application Type Fee (\$) Small Entity Fee (\$) Fee (\$) Small Entity Fee (\$) Fee (\$) Small Entity Fee (\$) Fees Paid (\$)			
Utility 300 150 500 250 200 100			
Design 200 100 100 50 130 65			
Plant 200 100 300 150 160 80			
Reissue 300 150 500 250 600 300			
Provisional 200 100 0 0 0 0			
2. EXCESS CLAIM FEES			
Fee Description Fee(\$)		Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50		25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200		100	
Multiple dependent claims 360		180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)		Multiple Dependent Claims Fee(\$)	
- 20 or HP= x =		Fee Paid (\$)	
HP=highest number of total claims paid for, if greater than 20			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)			
- 3 or HP= x =			
HP=highest number of independent claims paid for, if greater than 3			
3. APPLICATION SIZE FEE:			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)		Fee Paid(\$)	
- 100 = /50 = (round up to a whole number) x			
4. OTHER FEE(S)			
Information Disclosure Statement		Fee Paid (\$)	
		\$180	
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Benjamin D. Driscoll		Registration No. 41,571 Telephone 215-323-1840	
Signature		Date 8/31/06	